

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

INVENTOR NAMED INVENTOR OR APPLICATION IDENTIFIER: HERMANN D. FUNKE
TITLE: METHOD AND APPARATUS FOR CONTROLLING AN IMPLANTABLE MEDICAL DEVICE IN RESPONSE TO THE PRESENCE OF A
MAGNETIC FIELD AND/OR HIGH FREQUENCY RADIATION INTERFERENCE SIGNALS

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, *EXPRESS No. EV 019 705 815 US, on this 29th day of January, 2002.

Molly Chlebeck
Printed Name Molly Chlebeck
Signature

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

30857 U.S. PTO
10/059586
01/29/02

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
- X Specification:
Total pages: 20 (including claims and abstract: Spec. 12 sheets; Claims 7 sheets; Abstract 1
- X Drawings:
Total sheets: 7
☐ formal ☒ informal
- ☒ Combined Declaration and Power of Attorney:
☒ unexecuted
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- X Accompanying application parts:
☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. / .
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number , filed .
- ☐ Cancel in this application original claims of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: .

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724
Medtronic, Inc., MS 301
710 Medtronic Parkway
Mailstop LC340
Minneapolis, Minnesota 55432
Telephone: (763) 514-6402
Facsimile: (763) 505-2530

| FEE CALCULATION | No. of Claims Filed | Claims Included in Base Fee | No. of Extra Claims | Rate | Fee |
|------------------------------|------------------------|--------------------------------|---------------------------|-------|-------------------|
| Total Claims | 41 | 20 | = 21 | x 18 | \$378.00 |
| Independent Claims | 7 | 3 | = 4 | x 84 | \$336.00 |
| Multiple Dependent Claims | | | 0 | + 280 | |
| Basic Filing Fee | | | | | \$740.00 |
| TOTAL | | | | | \$1,454.00 |

X Charge Deposit Account No. 13-2546 the amount of **\$1,454.00** for the basic filing fee and extra claim fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

1-29-02

Beth L. McMahon
Beth L. McMahon, Reg. No. 41,987
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-3066